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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/673,278
		Filing Date	9/30/2003
		First Named Inventor	Nakane
		Art Unit	2855
		Examiner Name	Octavia L. DAVIS
Total Number of Pages in This Submission		Attorney Docket Number	11-189

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input style="width: 100px; height: 10px; border: 1px solid black; margin-bottom: 5px;" type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC
Signature	
Printed name	Cynthia K. Nicholson
Date	24 March 2005
	Reg. No. 36,880

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Cynthia K. Nicholson	Date	24 March 2005

Fees pursuant to the Consolidated Appropriations Act, 2005
FEE TRANSMITTAL
For FY 2005

OIT - CPT
 MAR 24 2005
 TRADEMARK OFFICE

Application Number		10/673,278
Filing Date		9/30/2003
First Named Inventor		Nakane
Examiner Name		Octavia L. DAVIS
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit 2855
TOTAL AMOUNT OF PAYMENT	(\$ 120)	Attorney Docket No. 11-189

METHOD OF PAYMENT (check all that apply)

- Check None Other (please identify): _____
- Deposit Account. Deposit Account Number. **50-1147** Deposit Account Name: **Posz Law Group, PLC**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
 Charge fee(s) indicated below
- Charge any additional fee(s) or underpayments of fee(s)
 under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
 Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)

- 20 or HP = _____ x _____ = _____

Fee (\$)	Small Entity
50	25
200	100
360	180

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

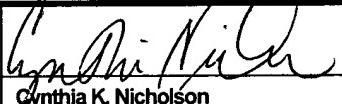
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time (1 month)

120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson		
		Date	24 March 2005